

JAN 10 1938

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

43309

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis, Mo.** (d) Street No. **4000 1/2 OLIVE STREET** St. **11559**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **NOAH CLARENCE Woods**

(a) Residence, No. **4000 1/2 OLIVE STREET** St. **19** (If non-resident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWER**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **AUGUST 3-1881**

7. AGE YEARS **56** MONTHS **4** DAYS **12** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **FARMER**

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **ST. FRANCOIS COUNTY MISSOURI** (STATE OR COUNTRY)

13. NAME **GEORGE W. Woods**

14. BIRTHPLACE (CITY OR TOWN) **ST. FRANCOIS COUNTY MISSOURI** (STATE OR COUNTRY)

15. MAIDEN NAME **LIZZIE JANE EDMONDS**

16. BIRTHPLACE (CITY OR TOWN) **TENNESSEE** (STATE OR COUNTRY)

17. INFORMANT **EVERETT Woods** (ADDRESS) **1218 MISSOURI AVENUE**

18. BURIAL, CREMATION, OR REMOVAL PLACE **FLAT RIVER MO** DATE **DEC 17 1937**

19. FUNERAL DIRECTOR **Albert H. Home** (ADDRESS) **429 N. Euclid**

20. FILED **DEC 16 1937** **J. Bredeck** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **DECEMBER 15, 1937**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw him alive on ..... 19..... Death is said

to have occurred on the date stated above, at **2:32 A.M.**

The principal cause of death and related causes of importance were as follows:

**Coronary Thrombosis**

**Aortic Sclerosis**

Other contributory causes of importance:

**Aortic Sclerosis**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) **W. H. Perry**, M. D.

(Address) **W. H. Perry**

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_. L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Bing C. Dunbar*

Licensed Embalmer No. 2172

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**